

# Stomas in neonates

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## INTRODUCTION AND AIM

- Stoma formation in neonates is a common on call procedure.
- We wanted to describe indications for and outcome of neonatal stomas in a tertiary referral center.

## METHODS

- Retrospective cohort study reviewing medical records of neonates receiving a stoma from 2013-2016.
- Approval by the Hospital's Commission for Personal Security.

## CONCLUSION

- Stoma related problems were common
- Support of stoma nurses is important

## PATIENTS

	N = 58
Birth weight (median, range)	2,55kg (0,43-4,33kg)
Gestational age (median, range)	35w (23-41w)
Gender	60% boys

## RESULTS

Cause of stoma formation	N = 58
Anorectal malformations	20 (35%)
Others	11 (19%)
Bowel perforation	10 (17%)
Necrotizing enterocolitis	8 (14%)
Hirschsprung disease	7 (12%)
Small bowel atresia	2 (3%)

Type of stoma	N=58
Ileal	31 (53%)
Sigmoid colon	22 (38%)
Jejunal	4 (7%)
Transverse colon	1 (2%)
Style of stoma	N=58
Divided	42 (73%)
End	10 (17%)
Loop	6 (10%)

Operating surgeon	N=58
Consultant	40 (69%)
Registrar	18 (31%)

## COMPLICATIONS

- 33patients (57%) experienced complications
- Mostly minor complications

Clavien Dindo Classification *	N=33	Type of complications
Grade 1	28 (85%)	Superficial skin infections, peristomal skin excoriations
Grade 2	0	
Grade 3b	5 (15%)	Non functioning stoma

\* Dindo D, DemartinesN, Clavien PA; Ann Surg. 2004; 244: 931-7

Prolapsing stoma	6/58 (10%)
Small bowel	5/35 (14%)
Large bowel	1/23 (4%)
Prolapsing stoma vs weight at formation	
<1kg	3/20 (15%)
>1kg	3/38 (8%)
Retracting stoma	3/58 (5%)
Small bowel	2/35 (6%)
Large bowel	1/23 (4%)

